



Incident Report

Print Date/Time: 10/21/2016 15:54
Login ID: ss0100

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-00020823

Incident Date/Time: 10/19/2016 3:03:00 PM
Location: MARKET PL / 91ST AVE NE
LAKE STEVENS WA 98258
Phone Number: (425) 312-5884
Report Required: Yes
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 3
Status: 3
Nature of Call:

Unit/Personnel

Unit	Personnel
19R1	SS0144-Michael
19S15	SS0075-Christensen

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Involved Party	HASS, BRANDON L					10/19/1980
2	Involved Party	MOON, KYLIE S					12/26/1992
1	Reporting Party	BIEGEL, KIMBERLY ALICE	10115 HOLLY DR Everett WA 982048723	(425) 312-5884	White	Female	02/11/1976
1	Driver	MARSHALL, DYLLAN TAYLOR	421 85TH PL SW Everett WA 982041787	(425) 315-3286	White	Male	07/09/1997

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle						225ZWR	
Involved Vehicle	Passenger Car	1994	Mercedes-Benz	320CP		BBK9079	WA
Involved Vehicle	Passenger Car	2000	Ford	TAU4D	Blue	AKE8620	WA

Disposition(s)

Disposition	Count
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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CAD Narrative

10/19/2016 : 15:30:06 SP0422 Narrative: ***INC # 20827

10/19/2016 : 15:21:06 SP0422 Narrative: 19S15 - 10-15

10/19/2016 : 15:06:07 SP0411 Narrative: LR411

10/19/2016 : 15:05:30 SP0411 Narrative: VEHS WILL TRY TO GO TO TACO BELL PKLOT

10/19/2016 : 15:04:32 SP0411 Narrative: **BLKING

10/19/2016 : 15:04:04 SP0411 Narrative: CC, JO, NON INJ NON BLKING, LT BLU FORD TAURUS VS BEIGE MERZ.

COLLISION REPORT

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. **E597788**

CASE #	16-00020823		
LOCAL AGENCY CODING	0664		
TOTAL # OF UNITS	02	OBJECT STRUCK	

INTERSTATE	<input type="checkbox"/>	CITY STREET	<input checked="" type="checkbox"/>	FIRE RESULTED	<input type="checkbox"/>
STATE ROUTE	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	STOLEN VEHICLE	<input type="checkbox"/>
COUNTY RD	<input type="checkbox"/>	PRIVATE WAY	<input type="checkbox"/>	HIT & RUN INVOLVED	<input type="checkbox"/>
TRIBAL RESERVATION					

DATE OF COLLISION	10	-	19	-	2016	TIME (2400)	1503	COUNTY #	31	MILES		N	<input type="checkbox"/>	E	<input type="checkbox"/>	IN	<input checked="" type="checkbox"/>	OF		CITY #	0664
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ON (PRIMARY TRAFFIC WAY)	INTERSECTION	<input checked="" type="checkbox"/>	NON-INTERSECTION	<input type="checkbox"/>		
MARKET PL				BLOCK NO.	<input checked="" type="checkbox"/>	9100
				MILE POST	<input type="checkbox"/>	

DISTANCE		MILES	<input type="checkbox"/>	N	<input type="checkbox"/>	E	<input type="checkbox"/>	OF (REFERENCE OR CROSS STREET)	91ST AVE NE
		FEET	<input type="checkbox"/>	S	<input type="checkbox"/>	W	<input type="checkbox"/>		

UNIT 01	MOTOR VEHICLE	<input checked="" type="checkbox"/>	PEDAL-CYCLE	<input type="checkbox"/>	DAMAGE THRESHOLD MET	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	PHONE	D: 4253153286
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LAST NAME	MARSHALL	FIRST NAME	DYLLAN	MIDDLE INITIAL	T
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STREET NEW ADDRESS	421 85TH PL SW APT D105
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CITY	EVERETT	ST	WA	ZIP	982041787
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	MARSHDT035MZ	STATE	WA	SEX	M	D.O.B.	MMDDYYYY	07	-	09	-	1997
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ON DUTY	<input type="checkbox"/>	STATUS		AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
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LICENSE PLATE #	BBK9079	STATE	WA	VIN#	WDBEA52E5RC025284
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	1994	MAKE	MERZ	MODEL	320CP	STYLE	CP	VEHICLE TOWED	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. DYLLAN MARSHALL 10828 20TH ST SE LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT	<input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	PROGRESSIVE 908374764
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VEHICLE LEGALLY STANDING	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	CITATION #		CHARGE	
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UNIT 02	MOTOR VEHICLE	<input checked="" type="checkbox"/>	PEDAL-CYCLE	<input type="checkbox"/>	PEDESTRIAN	<input type="checkbox"/>	PROPERTY OWNER	<input type="checkbox"/>	DAMAGE THRESHOLD MET	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	PHONE	D: 4253125884
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LAST NAME	BIEGEL	FIRST NAME	KIMBERLY	MIDDLE INITIAL	A
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STREET NEW ADDRESS	10115 HOLLY DR APT F105
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CITY	EVERETT	ST	WA	ZIP	982048723
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	BIEGEKA245CJ	STATE	WA	SEX	F	D.O.B.	MMDDYYYY	02	-	11	-	1976
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ON DUTY	<input type="checkbox"/>	STATUS		AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
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LICENSE PLATE #	AKE8620	STATE	WA	VIN#	1FAFP53U8YG102267
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2000	MAKE	FORD	MODEL	TAU4D	STYLE	4D	VEHICLE TOWED	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. SEAN BIEGEL 9721 8TH ST NE LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT	<input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	SAFECO H2306793
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VEHICLE LEGALLY STANDING	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	CITATION #		CHARGE	
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OFFICER'S NAME (PRINT)	C. CHRISTENSEN	BADGE OR ID #	0075	AGENCY	WA0311900
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**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E597788**CASE # **16-00020823**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

Unit 2 was stopped on Market PI at 91st waiting for the light to turn green to make a left turn and go north on 91st. Unit 1 was directly behind Unit 2. When the light turned green the driver of Unit 1 he proceeded forward unaware that Unit 2 had not started moving because of cross traffic and rear-ended Unit 2.

There were no reported injuries and neither vehicle was towed from the scene.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

C. CHRISTENSEN
10-19-16 03:51 PM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

C. CHRISTENSEN 0075
10/19/2016 3:52:42 PM

BADGE OR ID #	0075	ORI #	WA0311900	TIME POLICE DISPATCHED	3:04 PM	TIME POLICE ARRIVED	3:05 PM
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REPORT NO. E597788

CASE # 16-00020823

DATE AND TIME
OF COLLISION 10/19/16 15:03

